

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

10722719

FILING DATE

11-26-03

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	2					
6	2					
7	2					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	20	↔	↔	↔		
TOTAL CLAIMS	22	↔	↔	↔		

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		↔	↔	↔		